

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Yuma
 District of San Carlos
 Town of Rice
 or
 City of _____

BUREAU OF VITAL STATISTICS
 ORIGINAL CERTIFICATE OF BIRTH

State Index No. 108-A
 County Registrar No. _____
 Local Registrar No. _____

No. _____ St. _____ Wa. _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number.)
 2. Full name of child Polly Taylor { If child is not yet named, make supplemental report, as directed

3. Sex of Child f To be answered ONLY in event of plural births } 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth 2-1-29
 Month Day Year

8. FATHER
 Full name Adam Taylor

14. MOTHER
 Full maiden name Ella Brunk

9. Residence
 (Usual place of abode) Rice
 If non-resident, give place and state.

15. Residence
 (Usual place of abode) Rice
 If non-resident, give place and state.

10. Color or race
Apache Ind.

11. Age at last birthday 28 (Years)

16. Color or race 4/4 Apache Ind.

17. Age at last birthday 3 (Years)

12. Birthplace (city or place)
 (State or country) Rice Ariz.

18. Birthplace (city or place)
 (State or country) Rice Ariz.

13. Occupation
 Nature of Industry Laborer

19. Occupation
 Nature of Industry Housewife

20. Number of children of this mother
 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 3
 (b) Born alive but now dead 0
 (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?
yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was female at 6 a. m. on the date above stated.
 (Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature V. R. Cornbr (Physician or midwife).
 Address Rice, Ariz.

Given name added from a supplemental report

Month, day, year

Filed _____, 19____

Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

No medical attendance 739-201-522